

BQC - 90 - 053

Date: June 18, 1990

To: All Wisconsin Home Health Agencies

From: Larry Tainter, Director  
Bureau of Quality Assurance

Subject: Follow-up to June 1, 1990 Memo to All Wisconsin Home Health Agencies – Clinical Records

Attached is a copy of a letter from Dorothy Burk Collins, Associate Regional Director, Health Care Financing Administration, Region V, regarding home health agency clinical record reviews. The information in Ms. Collins letter differs from information sent in my June 1, 1990 memo in response to questions from the Wisconsin Homecare Organization meeting at Wisconsin Dells on March 21, 1990.

Ms. Collins' letter indicates that not all health professionals must review each chart chosen for the record review. This is a change from our June 1, memo, and should be followed as HCFA's policy.

Ms. Collins' letter does confirm our June 1 memo regarding the fact that the 10% sample of each service offered is a guideline only and that agencies may establish their own policy regarding number of records to be reviewed.

If you have any additional questions, please call Allan Stegemann at (608) 266-2055.

LT/ADS/jh 1379

cc: -Wisconsin Homecare Organization  
-Board on Aging and Long Term Care  
-Wisconsin Counties Association  
-Service Employees International  
-BQC Staff  
Wisconsin Coalition for Advocacy  
-George F. MacKenzie  
-Tina Nye, Bureau of Health Care Financing  
-SMS Committee on Aging, Extended Care Facilities and Home Health Care  
-Wisconsin Association of Homes & Services for the Aging

Department of Health & Human Services  
Health Care Financing Administration  
Region V  
105 West Adams Street  
15<sup>th</sup> Floor  
Chicago, Illinois 60603-6201

Refer to: CR11

June 8, 1990

Ms. Marsha Brightman  
Director  
Winnebago County Public Health  
Park View Health Center  
Post Office Box 68  
Winnebago, Wisconsin 54985

Dear Ms. Brightman:

This is in response to your letter of May 11 concerning the quarterly clinical record review. I will answer your questions in the order presented:

1. What is the minimum number of charts that are to be reviewed at the clinical record review?

The present interpretive guidelines state that "an appropriate sample includes at least 10% of each service offered by the HHA." Although these guidelines are still in effect, new interpretive guidelines are due to come out early this summer. It is possible that this percentage may change. Note that the regulations, which have not changed, do not require a specific number of charts to be reviewed. Since the emphasis with OBRA '87, is on outcome, it is possible that the new interpretive guidelines will mimic the regulations and give no guidelines for the number of charts to be reviewed.

2. Is each health professional required to review every chart?

Neither the regulations nor the present interpretive guidelines require that each health professional review each chart. This is up to the individual HHA but should be spelled out in their policies and procedures. If more than one service is being provided to an individual case, more than one discipline could be involved in that record review.

3. Does a single nurse need to review each patient record or does each nurse participating in the audit need to review each chart?

See my response to the two previous questions. In addition, it is not necessarily a nurse who is required to do the review.

If you have any questions, please contact Sally Jo Wieling of my staff at (312) 353-8853.

Sincerely,

Dorothy Burk Collins  
Associate Regional Administrator  
Division of Health Standards and Quality

cc: Allan Stegemann  
Wisconsin Department of Health